02251

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 347

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
LENGTH OF STAY (In this place) 39 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rural #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mike (Middle) (Last) Barbely
4. DATE OF DEATH (Month) Feb. (Day) 18 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Sept. 19 - 1865
9. AGE last birthday 86/4/29 If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Teth, Hungary
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Paul Barbely
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS McLewis Barbely, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Acute Pulmonary Edema | 2 days |
| 422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic Myocarditis | 5 yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-52, 19....., to 2-18-, 1952, that I last saw the deceased alive on 2-18-52, 19....., and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE Robert M. LaMar (Degree or title) MD ADDRESS Snow Hill DATE SIGNED 2-19-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 20/52
NAME OF CEMETERY OR CREMATORY Prince Baptist
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 2/20/52
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alley E. Hamm, Snow Hill, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A19

RECEIVED
FEB 25 1952
BUREAU V. S.

02252

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill, Rural
LENGTH OF STAY (In this place) 1/2 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) Lee (Last) Brown

4. DATE OF DEATH (Month) Feb. (Day) 21, (Year) 1952

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH July 6, 1951

9. AGE last birthday 7 mons 15 days — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Eugene Brown

14. MOTHER'S MAIDEN NAME Hattie Esteller Moharne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Eugene Brown, Snow Hill, Md., Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 491X Immediate cause | (a) Acute Bronchopneumonia. | 1 wk. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Acidosis + dehydration. | 2 days |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19-52, 19....., to 2-21-52, 19....., that I last saw the deceased alive on 2-21-52, 19....., and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE Robert H. LaMar (Degree or title) MD ADDRESS Snow Hill DATE SIGNED 2-22-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Feb. 22, 1952

NAME OF CEMETERY OR CREMATORY Baptist

LOCATION (City, town, or county) Snow Hill, (State) Md.

DATE REC'D BY LOCAL REG. 2/22/52

REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR [illegible] ADDRESS Snow Hill Md

20765134X405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 25 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02253

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; LENGTH OF STAY (In this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) R F D

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Cathell Sr.

4. DATE OF DEATH: (Month) Feb. (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 29, 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer.

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George W. Cathell

14. MOTHER'S MAIDEN NAME: Sarah Morgath Burch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~ (If year, give war or dates of service): ~

16. SOCIAL SECURITY NO.: ~

17. INFORMANT AND ADDRESS: Sally Cathell Berlin Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Anaemia due to Chronic Regenerative Myocarditis | 3 mo |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Chronic degenerative Arteritis | 3 yrs |
| | (c) Arteriosclerosis generalized, | 10 yrs |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hopes Junior Optimist Award 3 weeks

4122,1

19a. DATE OF OPERATION: ~ 19b. MAJOR FINDINGS OF OPERATION: ~ 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ~ PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ~ (CITY OR TOWN): ~ (COUNTY): ~ (STATE): ~

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ~ INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1947, to 24 Feb, 1952, that I last saw the deceased alive on 24 Feb, 1952, and that death occurred at 11 15 A.m., from the causes and on the date stated above.

SIGNATURE: Hermann Rabbitt (Degree or title) MD ADDRESS: Berlin Maryland DATE SIGNED: 1 Mar 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: March 2, 1952 NAME OF CEMETERY OR CREMATORY: I.O.O.F. LOCATION (City, town, or county) (State): Pocomoke Md.

DATE REC'D BY LOCAL REG.: Mar 3, 1952 REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR: Peter Whaley ADDRESS: Selbyville Md.

VS-115

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MAR 5 1952
BUREAU V. S.

ITEM 2: film G143 5/28/52 L

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

012254

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Conn. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Linden Ave. & Second St.

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | MATTIE | HUBBARD | CHURCH | Feb | 29, | 1952 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | White | Widow | May 24 1876 | 75 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Connecticut
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William H. Hubbard
14. MOTHER'S MAIDEN NAME: Ester M. Walter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Clarence Fleming, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary Oedema | 4 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Cardiac Decompensation, | |
| 4500 | (c) Generalized Arteriosclerosis. | Undetermined |

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1952, to Feb 29, 1952, that I last saw the deceased alive on Feb. 27, 1952, and that death occurred at 730a m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Charles N. Trader M.D. | | Pocomoke City, Md | Mar 1, 1952 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | March 5 '52 | Evergreen Cemetery | New Haven, Conn. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| March 1, 1952 | Anne E. White | Dennis & Watson | Pocomoke, Md. |

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MAR 3 1952
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02255

# CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH — COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill — LENGTH OF STAY (in this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Snow Hill
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) W. (Last) Ellis
4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 14-1888
9. AGE last birthday: 63/5/27 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10b. KIND OF BUSINESS OR INDUSTRY: Army Factory
11. BIRTHPLACE (State or foreign country): Newark, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John L. Ellis
14. MOTHER'S MAIDEN NAME: Sallie Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Emma Russell, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema — 1 day

424.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Congestive Cardiac Failure — 2 yrs.

(151x) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Stomach — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to Feb 11, 1952, that I last saw the deceased alive on Feb 11, 1952, and that death occurred at 11:10 P m., from the causes and on the date stated above.

SIGNATURE: J. Benth. La Mar (Degree or title) M.D. ADDRESS: Snow Hill — DATE SIGNED: 2-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Crude — DATE THEREOF: Feb 14/52 — NAME OF CEMETERY OR CREMATORY: Whatcoat — LOCATION (City, town, or county): Snow Hill, (State) Md

DATE REC'D BY LOCAL REG.: 2/13/52 — REGISTRAR'S SIGNATURE: LeRoy Smith — 24. FUNERAL DIRECTOR: Alan E. Dennis, Snow Hill, Md — ADDRESS

RECEIVED
FEB 18 1952
BUREAU V. S.

Dr Thomas Mosby

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishopsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop Md. R.F.D.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Roxie (Middle) (Last) EVANS

4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb 23 1878
9. AGE last birthday 7473 yrs. If under 1 year Months 11 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Hauswork
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Parson
14. MOTHER'S MAIDEN NAME Mary Clogg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Elsie Bunting Bishop Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) 420.0

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1951, to Feb., 1952 that I last saw the deceased alive on Early Feb., 19....., and that death occurred at ?.....m., from the causes and on the date stated above.

SIGNATURE Thomas L Mosby (Degree or title) M.D. ADDRESS 541 S. Main St Chincoteague Va DATE SIGNED 2/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Buried
DATE Feb 14 1952
NAME OF CEMETERY OR CREMATORY St Georges
LOCATION (City, town, or county) Clarksville Md. (State)

DATE REC'D BY LOCAL REG. 2/16/52
REGISTRAR'S SIGNATURE Mrs. H. Roy Berry
24. FUNERAL DIRECTOR Henry Watson ADDRESS Pocomoke City Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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FEB 20 1952
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02257

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RD # 2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bishop
STREET ADDRESS (If rural, give location) RD # 2

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) Marie (Last) Figgs
4. DATE OF DEATH (Month) Feb. (Day) 12- (Year) 52

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 13-1907
9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Work
10b. KIND OF BUSINESS OR INDUSTRY at Home
11. BIRTHPLACE (State or foreign country) Georgetown Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Donoway
14. MOTHER'S MAIDEN NAME Charity Belle Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mr. Walter Figgs (Husband) RD # 2. Bishop, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary Tuberculosis | 4 yrs |
| 21 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Anemia & Cachexia | 3 mo |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Jan, 1952, to 12 Feb, 1952, that I last saw the deceased alive on 12 Feb, 1952, and that death occurred at 1-10 m., from the causes and on the date stated above.

SIGNATURE Hermanle Robbins M.D. (Degree or title) ADDRESS 5 Bay St Berlin, Md DATE SIGNED 14 Feb 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 15-52
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) Salisbury Md. (State)

DATE REC'D BY LOCAL REG. 2-14-52
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Holloway & Co. Salisbury Md. ADDRESS Walter R Holloway

RECEIVED
FEB 15 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place) 1 mo 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Cordelia (Middle) R. (Last) Onley
4. DATE OF DEATH (Month) Feb. (Day) 8 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 26 1858
9. AGE last birthday 93-2-12 If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Absecon New Jersey
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Giddeon Price
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mr W. J. Onley, Snow Hill, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8-, 1952 to 2-8-, 1952, that I last saw the deceased alive on 2-8-, 52, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE Clifford E. Schott (Degree or title) M.D. ADDRESS Berlin Worcester Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 10/52
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Pinehurst (State) Md

DATE REC'D BY LOCAL REG. 2-10-52
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR Wm. B. Grimes, Snow Hill, Md ADDRESS

RECEIVED
FEB 14
U.S. BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clarke Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Clarke Ave.

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) MAE (Last) PRUITT
4. DATE OF DEATH (Month) Feb 5, (Day) 1952 (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Feb 17, 1872
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas Tarr
14. MOTHER'S MAIDEN NAME Hester Tarr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war, or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs. Leona M. Payne, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 days

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Vascular disease (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Too strenuous

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9th 1952 to Feb 5th 1952, that I last saw the deceased alive on Feb 5th 1952 and that death occurred at 11:58 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) N. E. Tartourus MD ADDRESS Pocomoke City, Md DATE SIGNED 2/7/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 8 1952
NAME OF CEMETERY OR CREMATORY Beth Eden Cemetery
LOCATION (City, town, or county) Pocomoke, Md. (State)

DATE REC'D BY LOCAL REG. Feb. 8, 1952
REGISTRAR'S SIGNATURE Anne E. White
24. FUNERAL DIRECTOR Dennis & Watson, Pocomoke, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

RECEIVED
FEB 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02260

# CERTIFICATE OF DEATH

Reg. Dist. No. 3-55

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Worcester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
LENGTH OF STAY (In this place): All life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Flower Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin R.F.D.
STREET ADDRESS (If rural, give location): Flower Street

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) Lane (Last) Quillen

4. DATE OF DEATH: (Month) 2 - (Day) 11 - (Year) 1952

5. SEX: Female

6. COLOR OR RACE: A. A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: About 1874

9. AGE last birthday: About 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Caleb Lane

14. MOTHER'S MAIDEN NAME: Henrietta Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Boys Village Mr. Calvin Quillen, Cheltenham, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy

443K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 19 52 to Feb 10 19 52, that I last saw the deceased alive on Feb 10 19 52, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE: Clifford E. Schott (Degree or title) M.D. ADDRESS: Berlin Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-14-52

NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

LOCATION (City, town, or county) (State): Berlin, Worcester Co. Md.

DATE REC'D BY LOCAL REG.: 2-13-52

REGISTRAR'S SIGNATURE: Helen F Hayward

24. FUNERAL DIRECTOR ADDRESS: James B. Dashiell, Salisbury, Md.

RECEIVED
FEB. 15 1952
BUREAU V. S.

Item 18 Film G140 4-9-52 ams

# MARYLAND STATE DEPARTMENT OF HEALTH

02261

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 855

1. PLACE OF DEATH: COUNTY Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City — MARYLAND — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Worcester — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin R F D. — STREET ADDRESS (If rural, give location) Taylorville

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Earl (Last) Tingle

4. DATE OF DEATH: (Month) Feb. (Day) 26 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4/16/1911

9. AGE last birthday: 40 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Club Operator

10b. KIND OF BUSINESS OR INDUSTRY: Own Club

11. BIRTHPLACE (State or foreign country): Berlin Md R F D

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Easter Tingle

14. MOTHER'S MAIDEN NAME: Margaret Lee Ruggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Earl Tingle Berlin Md R F D #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Obliterative coronary sclerosis with

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) healed myocardial infarction and acute focal hemorrhage in the myocardium

(322.0) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute alcoholism.(4-9-52 ams)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour):

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 19 52, to Feb 26, 19 52, following death alive on ....., 19....., and that death occurred at approx 5:30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. Hayward M.D. Deputy Medical Examiner — ADDRESS: Worcester County — DATE SIGNED: Feb 28, 52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/28/52 — NAME OF CEMETERY OR CREMATORY: Parsons Cem — LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REG.: 2-28-52 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Emma A. Burbage — ADDRESS: Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

RECEIVED
FEB 29 1952
BUREAU V. S.